

**Town of Eatonville**  
201 Center St W – PO Box 309, Eatonville WA 98328  
Phone: 360-832-3361 – Fax: 360-832-3977

The Town of Eatonville does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, marital or veteran status, political affiliation, or any other legally protected status. Federal law requires anyone employed by the Town of Eatonville to present proof of authorization to work in the United States. (Most employees use a social security card and Drivers License). If you need special accommodation during the selection process, please contact the Town Hall.

**Employment Application**

Note: An incomplete application may delay action or disqualify you. Please type or print clearly.

Position Desired: \_\_\_\_\_ full-time \_\_\_\_\_ part-time \_\_\_\_\_ temporary \_\_\_\_\_

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone- Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Do you have any relative who is presently employed by the Town? If yes, please give name: \_\_\_\_\_

**Education and Training:**

High School Graduate or General Education Development test passed? Yes \_\_\_\_\_ No \_\_\_\_\_ If "no" - highest grade completed: \_\_\_\_\_

Colleges, Vocational or Technical School, Training Centers (List Names and types of degree or certification)


**Office Skills:** Enter number of years of experience in the space next to each skill!

Spreadsheet: \_\_\_\_\_ Word Processing: \_\_\_\_\_ Data Entry: \_\_\_\_\_ 10-Key Calculator: \_\_\_\_\_

**Equipment Skills:** Describe your equipment operation skills related to the job for which you are applying.


**Licenses:** List licenses you possess which would be useful in the position for which you are applying.


Can you perform the essential functions of the position applied for with or without reasonable accommodations ? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a criminal offense within the past ten years? Yes \_\_\_\_\_ No \_\_\_\_\_

**Note:** Although the Town may investigate criminal convictions that related to fitness to perform the job for which you are applying, such convictions will not necessarily bar you from employment with the Town.

U.S. Military Record: Have you served in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give dates of service: \_\_\_\_\_

**Work Experience:** Start with your most recent experience and add pages if needed.

Employer's Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Hours worked per week: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Position: \_\_\_\_\_ May we contact this employer now? Yes \_\_\_\_ No \_\_\_\_

Primary Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Month/Year Month/Year

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Hours worked per week: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Position: \_\_\_\_\_ May we contact this employer now? Yes \_\_\_\_ No \_\_\_\_

Primary Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Hours worked per week: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Position: \_\_\_\_\_ May we contact this employer now? Yes \_\_\_\_ No \_\_\_\_

Primary Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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I hereby certify that all the information on this application is true and understand that erroneous information on this application may result in the removal of my name from consideration for employment or may result in termination of any employment. I understand that this information may be subject to verification.

I authorize all previous employers to furnish the Town of Eatonville with my record, reason for leaving and all information they may have concerning me, and I hereby release them and the Town of Eatonville from all liability or any damage whatsoever arising therefrom. (Failure to sign does not bar consideration for employment.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date